

## INVESTMENTS - REGULAR AND SINGLE PREMIUM TOP UP FORM

Plan N	umber:																		
changed, e.	d that personal id g. your address, d proof of addres	please pr	ovide u	pdate	d veri	ficatio	on do	ocum	enta					_					
completed	st efficient applic before submittir ements. It is imp	ng to our	offices	. Fun	ds wil	only	/ be	appl	ied a	nd ir	ivest	ed v	ith e	effec			_		e
b be completed by Adviser if present. > <b>Financi</b>	al Advise	r Det	ails (	if ap	plio	cab	le)												
Financial Ac	viser Name																		T
Financial Ad	viser Code																		
Commission	Profile		-																
Lump Sum			-																
Financial Re	view Completed	(applies	to tied a	agents	only)						Yes			No					
Business Re	placement										Yes			No					
													_		_	_	_	_	
1. Plai	o Owner	Detai	ils																
Name of Pla	n Owner 1																		I
Name of Pla	n Owner 2																		
Address																			I
																			I

• Existing payment frequency will remain unchanged

Source of funds will remain unchanged

Increase will be effective from next regular payment date

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Regular Premiums will

unless we are advised otherwise.

automatically be invested in the current fund choice

Please complete below section along with new SEPA Mandate if changing account from which regular payments are being made. **2(b)**. **Source of Funds for Regular Payments (if required) Details for Regular Payments** Please give details of account drawn from: Customer (Debtor) Name Customer (Debtor) Bank Identifier Code (BIC) **IBAN** 3. Single Premium Top Up Details (if required) € Proposed Top Up Amount Source of Funds Bank Draft Personal cheque from plan owner(s) bank account Direct Debit from proposer(s) bank account Encashment / Maturity proceeds of existing Irish Life plan Other (eg Employer's Payroll scheme, Postal or Money order etc) Please give details of account drawn from (If bank draft, fill in details of your personal bank account from which the draft is drawn) Customer (Debtor) Name Customer (Debtor) Bank Identifier Code (BIC) **IBAN** Please give details of any other payment type (e.g. Postal Order / Encashment proceeds of existing plan) Source of Wealth To comply with the current Anti Money Laundering and Terrorist Financing legislation, Irish Life Assurance plc is required to ask you about the original source of your wealth in respect of this application. Please tick the relevant box(es) and indicate the source of your investment amount. Salary, bonus or regular savings Proceeds from maturity / encashment of plan with another life company Early retirement or redundancy payment Yes Inheritance Proceeds from the sale of investments or other assets Windfall / compensation payments Yes Proceeds from maturity / encashment of Irish Life plan Other (please specify):

Certified identification and **4. Payer Details** (if applicable) address verification will be required for any 3rd party The payer should be the plan owner. If the payer is different from the plan owner please explain the relationship to the plan payers. owner. 5. Fund Choice - Single Premiums Only If a lifestyling investment strategy is in operation on a plan, we will automatically I wish to invest the above outlined contribution in my current, existing fund choice invest funds in line with the chosen strategy. Or I wish to invest the above outlined contribution in the following fund choices: Please read your Fund % Guide for a full list of the funds available. % The risk level and volatility rating of a fund can change % from time to time. Please visit our website www. irishlife.ie to see the % most up-to-date fund information. % Please note that fund choice is in respect of the % top up amount only. Any change to the % customers current investment holding will % require a separate instruction. 6. Client Declaration to Irish Life I declare that the answers to all the questions in this application form are in every respect true, and correctly reflect the intended investment in this contract. I hereby authorise Irish Life to apply the additional contribution to the above policy as specified above, in accordance with the policy terms and conditions and agree that this application form shall form part of my contract with Irish Life. I confirm I have been informed about the Irish Life Data Privacy Notice and where to get this. SIGN HERE Please note that if you Plan Owner 1 Date are signing on behalf of a company you should Plan Owner 2 precede your signature with "for and on behalf of 'company name'...' Life Assured Signature (if different to Plan Owners) Life Assured 1 Date

Date

Life Assured 2

## 7. Optional Consent

## Consent to Sharing with Other Companies in the Irish Life Group

I agree to Irish Life Assurance sharing my personal information (excluding my personal health information) with other companies within the Irish Life Group, such as Irish Life Health. I understand this is to assist in developing combined customer services (for example, access to services from different Group companies on one online platform). This is an area that will continue to improve with a view to adding new customer engagement offerings.

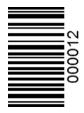
You can change your mind at any time and opt-out of any further sharing by emailing <u>dataprotectionqueries@irishlife.ie</u> or writing to Irish Life Data Protection Team. If you opt-out we will keep a record of your instruction to opt-out.

Plan Owner 1	I agree	I don't agree
Plan Owner 2	l agree	I don't agree
If different to Plan Owner		
Life Assured 1	l agree	I don't agree
Life Assured 2	I agree	I don't agree

Important: The SEPA Mandate on the following page should only be completed if changing account from which regular payments are being made. If doing so then please also ensure to complete section 2(b) above in relation to the source of these funds.







	ife Plan Deta ete <u>all</u> the fiel		Sectio	n																		
Plan Number(s)																						
If this mandate	is to cover more	than 3 plan	s, pleas	e atta	ch se	para	te in:	stru	ctio	15.												
Name of Plan O	wner(s)																					
Direct Debit co	ollection date	of	the mo	nth ('	1st to	28tl	n onl	y)														
Payment freque	ency	Monthly			Qu	arter	ly (	$\bigcirc$				На	ılf Ye	earl	y (				Yea	arly		
	DIREC												rish	Lif	e e							
Name an	d addres	s of th	е ра	ıye	r:																	
* Name(s) of Ac	count Holder(s)																					
Address of Acco	ount Holder(s)									I												
BIC																						
BIC * IBAN																						
	Your BIC and I	BAN can be	found	on a r	recen	t ban	ık sta	tem	ent													
* IBAN	Your BIC and I	BAN can be	found	on a r	recen	t bar	ık sta	1		ate	of si	gnir	ng	d	d	/ m	m		у	у	y   3	
* IBAN		BAN can be	found	on a r	recent	t bar	ık sta	1		ate	of si	gnir	ng	d	d	/ m	m		у	у	y 3	
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ILA 10676 (REV 04-17)

Please sign and date

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